Using Social Skills Training to Increase the Conversational Skills in a 42-Year old Woman

with a Serious Mental Illness and Developmental Delay

by

Jessica Mommertz

A thesis submitted to the School of Community Services in partial fulfillment of the requirements for the degree of Bachelor of Applied Arts in Behavioural Psychology

St. Lawrence College

Kingston, ON

Canada

April 2011
DEDICATION

I would like to dedicate this applied thesis to my family and friends who have supported me throughout the entire four years of my under-graduate degree. Your continuous support and patience has helped me accomplish a goal that is very important to me. I would not have been able to do any of this without your love and encouragement.
ABSTRACT

Decreased social skill level is often a characteristic of those who are experiencing mental illnesses. Social skill training programs are often used to help those with mental illnesses learn and practice pro-social skills and therefore increase their overall social skill level. The participant of the current study was a 42-year-old woman with post-traumatic stress disorder, fetal alcohol spectrum disorder, and a mild developmental delay. She was referred to participate in the social skills training program due to inappropriate behaviours linked to her past criminal activity. The purpose of the current study was to implement a six-week social skill program, focusing on the target behaviours of appropriate eye contact, social boundaries, self-assertion, introductions, self-disclosure, and skills involved in maintaining and ending conversations. The program involved the use of discussions, role-plays, modeling, and verbal praise. The results of the study indicated that after the program was completed the participants’ social skill level increased on all of the target behaviours, excluding the skill of introductions.
ACKNOWLEDGEMENTS

This applied thesis would not have been possible without the constant support and insight from all of those who were involved in the process. I would like to thank the faculty in the Bachelor of Behavioural Psychology program at St. Lawrence College for always encouraging me to continue to challenge and push myself when needed. I would especially like to thank my college supervisor, Dave Villeneuve who provided me with continuous support throughout the entire process of writing my thesis. I would also like to acknowledge my placement supervisor, for all of her support and for providing me with a learning experience that I will carry with me for the rest of my career.
TABLE OF CONTENTS

DEDICATION ...................................................................................................................... ii

ABSTRACT ......................................................................................................................... iii

ACKNOWLEDGEMENTS ........................................................................................................ iv

TABLE OF CONTENTS ........................................................................................................ v

LIST OF TABLES AND FIGURES ....................................................................................... vii

Chapter I: Introduction ........................................................................................................ 1

Chapter II: Literature Review ............................................................................................. 3

  Social Skills Training ........................................................................................................ 3
  Social Skills Training in Mental Health ............................................................................ 4
  Independent Setting ......................................................................................................... 5
  Conversational Skills Training ....................................................................................... 6
  Modeling ............................................................................................................................ 6
  Behaviour Rehearsal/Role-Playing ............................................................................... 6
  Positive Reinforcement .................................................................................................. 7
  Rationale for Current Study ......................................................................................... 7

Chapter III: Methodology .................................................................................................. 8

  Participants and Setting .................................................................................................. 8
  Design .............................................................................................................................. 8
  Measures .......................................................................................................................... 9
  Procedures ...................................................................................................................... 9
    Ethics Approval ........................................................................................................... 9
    Informed Consent ....................................................................................................... 9
    Intervention Procedures ............................................................................................ 9

Chapter IV: Results ........................................................................................................... 11

  Results ............................................................................................................................ 11

Chapter V: Discussion ....................................................................................................... 13

  Summary ...................................................................................................................... 13
  Maintenance and Generalization ............................................................................... 13
  Strengths and Limitations ........................................................................................... 13
  Multi-level Challenges .............................................................................................. 13
  Client Level .................................................................................................................. 13
Program Level.............................................................................................................. 14
Organizational Level.................................................................................................... 14
Societal Level................................................................................................................ 14
Implication for the Behavioural Psychology Field ....................................................... 14
Recommendations for Future Research.......................................................................... 14

References ..................................................................................................................... 15

Appendices ................................................................................................................... 20
  Appendix A: Consent Form ........................................................................................ 20
  Appendix B: Social Skills Checklist ............................................................................ 24
  Appendix C: Program Outline .................................................................................... 25
  Appendix D: Social Skill Training Sheets ................................................................. 32
  Appendix E: Self-Monitoring Forms ......................................................................... 45
  Appendix F: Behavioural Contract ............................................................................ 47
  Appendix G: Goal Tracking Form ............................................................................. 48
  Appendix H: Raw Data for Pre-and-Post Assessment Measures ............................. 49
List of Tables and Figures

Table 1. Summary Statistics for Pre-Assessment Data across Raters.................................12

Table 2. Summary Statistics for Post-Assessment Data across Raters...............................12

Figure 1. Pre-and-Post Treatment for Mrs. S’ Social Skill Level.........................................13
Chapter I: Introduction

The purpose of the current study is to examine and describe a behavioural intervention with a 42-year old woman, Mrs. S, with diagnoses of post-traumatic stress disorder (PTSD) and fetal alcohol spectrum disorder (FASD). Mrs. S also suffers from a mild developmental delay (I.Q 87). She was referred by her court support worker to participate in a social skills training (SST) program based on concerns regarding her social interactional skills in general, and more specifically the relationship between these social skill deficits and her conflicts with the criminal justice system. The SST program was implemented to help assist Mrs. S in gaining pro-social skills to improve her quality of life and lower her risk for recidivism.

SST is viewed by various researchers “as a means of empowering clients and giving them hope by enabling them to reach their personal goals as they tread their own pathway to recovery” (Liberman, 2007, p. 596). SST is a historically validated and widely utilized behavioural treatment approach (Meredith, Saxon, Doleys & Kyzer, 1980). Developing a repertoire of interpersonal skills that help people interact successfully with others has been recognized by theorists and educators over the years (Bates, 1980). SST is an educational and clinical treatment method and has been used in a variety of settings, for example mental health facilities, schools, and corrections for over 50 years (Liberman, 2007). SST can also take the form of many different training methods, including, interpersonal social skills training, assertiveness training, social problem solving, and communication skills training. SST can be applied to a wide range of populations and presented in a wide variety formats. Examples include family, marriage and divorce counselling, parent training, persons with developmental delays, children, children with autism, and persons with schizophrenia. SST can be delivered in both individual and group formats.

Those who are socially unskilled may need assistance with social skill acquisition and require instruction in how and when to engage in interpersonal behaviours (as cited in Bates, 1980). Increasing and improving social skills in a clinical setting has been used to address social deficits and enhance daily living skills in those who are experiencing mental health problems. There are several aspects of social learning principles that may be used and applied to a SST package. For example goal development, motivational enhancement, modeling, role-playing, positive feedback, practice, and homework assignments are all fundamental in developing a SST program in either an individual or group setting. In addition, there are many different forms of social skills that can be applied in SST. Each skill should be individualized according to the client’s needs and skill level (Bellack, Mueser, Gingerich, & Agresta, 2004). The various areas of social skills include verbal and non-verbal behaviours, conversational behaviours, and receptive behaviours. It has been shown in various studies that SST can be effective in increasing pro-social behaviours, interactional behaviours, conversational behaviours, and overall quality of life. The strategies that are used in SST are effective, interactive, and scientifically based.

The client involved in this study, had some unique needs but also a number of needs commonly addressed in the relevant treatment literature. In the current study SST will be applied to increase and improve Mrs. S’ social skill level in the various components of interactions. In addition to improving her social skills, the current study focused on providing Mrs. S with the skills that may help prevent recidivism.

The following section describes the research literature that pertains to the implementation and efficacy of social skills training. The implementation of various training programs with different populations and settings will be reviewed. Further sections of this paper will describe
the method used during implementation of this study, followed by a description of the results and
lastly a discussion of the results.
Social Skills Training

While social skills training can vary in content, duration, and setting, virtually all SST programs share a common set of strategies for teaching new skills. These strategies are based largely on Bandura’s social learning theory. They include goal setting, role modeling, behavioural rehearsal, positive reinforcement, corrective feedback, and homework assignments to promote skill generalization (Kurtz & Mueser, 2007). Many variations of these strategies have been described, demonstrated, and validated in the literature (Bellack, 1990). Social learning theorists further suggest that delinquent behaviour is acquired in the same way that any other behaviour is learned, through modeling and differential reinforcement (Gaffney & McFall, 1981). Therefore, it has been hypothesized that pro-social behaviours can be taught through the same set of strategies when implementing SST. Inappropriate behaviours can be changed or modified by manipulating the reinforcing consequences of the behaviour or by teaching a new set of behaviours to replace the inappropriate behaviours (as cited in Schippers, Märker & De Fuentes-Merillas, 2001). The success and effectiveness of social skill programs has contributed to building a reputation for SST as one of the most effective components of a behavioural treatment program. The extant research has validated the efficacy of SST for treating all types of clients, disorders, and ages (Bellack et al., 2004). In a study completed by Dulmus and Smyth (2000) it was discovered that SST was successful in improving various aspects of interpersonal skill functioning. Examples included measures of speech volume and latency, self-reported assertiveness, engaging in friendly conversation, and social adjustment. Along with these findings, Bornstein et al. (1980) discovered that SST was effective in increasing all targeted behaviours across all participants in a study that focused on words spoken, speech latency, hand-to-face gestures, posture, interpersonal feedback, speech content, and other various social skills (as cited in Dulmus & Smyth, 2000). One major advantage of a SST approach is that the focus is on increasing behavioural skill components that are observable and measurable rather than cognitions or affects, therefore fewer linguistic skills are needed for participation.

With reference to the treatment of childhood disorders, several research studies have supported the efficacy of treatment programs for the prevention of mental illness in children. For example, it has been demonstrated that SST programs can reduce the risk of mental disorder in children who are at risk. Research has also been completed on the positive effects of parent involvement in SST (as cited in Sim, Whiteside, Dittner & Mellon, 2006).

With the trend towards deinstitutionalization and community integration of persons with developmental delays, increasing and modifying interpersonal skills is an essential component of treatment programs for affected individuals (Bates, 1980). Individuals with developmental delays often have social skills deficits related to interpersonal functioning (as cited in Bornstein, Bach, McFall, Friman & Lyons, 1980). The level of social skill deficit depends on the severity of developmental delay (as cited in Njarovik, Matson & Cherry, 1999). SST has been shown to be effective in improving and increasing behaviours related to interpersonal functioning for developmentally delayed individuals. Studies described in Bornstein et al., (1980) have demonstrated that through the use of SST, several researchers were able to improve positive and negative assertive responses, peer reactions, eye contact, and conversational behaviours in participants with developmental delays. Social skills have shown to be effective in increasing positive social skills, attention to interpersonal transactions, and level of empathy in a group of mildly developmentally delayed persons (Meredith et al., 1980). Similarly, Foxx, McMarrow and Schloss examined the use of a behavioural program used to enhance interactional skills in adults.
with developmental disabilities in institutional, vocational, and large community based settings (as cited in Lalli, Pinter-Lalli, Mace & Murphy, 1991). Results from both the Foxx et al. study and a replication study indicated that the social skill program that they implemented was effective in promoting acquisition and generalization of the interactional skills learned. Generalization of the acquired skills was evident at an 18-month follow-up. Furthermore, SST has been shown to be effective when implemented with participants’ who have intellectual disabilities, including those who are high functioning and those ranging from relatively high to severely and chronically impaired (Brabender & Fallon, 1993).

A number of researchers have successfully applied SST principles with forensic populations. For example, Schippers et al. (2001) demonstrated that SST was effective in improving the knowledge of pro-social behaviours and decreasing social avoidance and anxiety during social situations. Techniques employed included modeling, feedback, role-playing, imitation, coaching, and social reinforcement. Furthermore, Schippers et al. (2001) showed that SST was somewhat effective for increasing internal locus of control in young offenders and decreasing aggressive behaviours.

Overall, SST is a general approach in behavioural psychology that focuses on increasing performance competence in critical life situations and “emphasizes the positive educational aspects of treatment” (Dulmus & Smyth, 2000, p. 61). SST is successful in achieving the goal to teach and modify interpersonal skills in various diagnostic groups, for example, short-term care, day hospitals or long-term care. It is unique in its approach and focus for recognizing measurable goals whether they are communication skills or personal skills.

**Social Skills Training in Mental Health**

Poor social functioning (as cited in Bellack, Mueser, Morrison, Wade & Sayers, 1990) and discomfort in social situations (Glueckauf & Quittner, 1992) is often present in chronic psychiatric disorders and several other forms of psychopathology. As a result various treatment programs have been focused on improving and modifying basic interpersonal skills in a hospital setting (Frisch, Elliot, Astaides, Salva & Denney, 1982). For example, SST has been endorsed as an evidence-based treatment for skill deficits present in those with schizophrenia (as cited in Liberman, 2007). SST principles have gained wide acceptance as an effective component of psychosocial treatment programs for persons with chronic mental illness (as cited in Vaccaro, Liberman, Wallace & Blackwell, 1992). SST has been used in conjunction with antipsychotic medications for people experiencing a mental illness to help improve interpersonal and community functioning and overall quality of life (Liberman, 2007). After implementing an interpersonal skills training group for persons with schizophrenia, Finch and Wallace (1979) concluded that the treated group significantly exceeded the control group on all behavioural measures and self-report questionnaires. Although, much of the research focuses on schizophrenia, previous studies have shown that SST has made a positive impact on the symptoms of persons experiencing social anxiety in a hospital setting (Van Dam Baggen & Kraaimaat, 2000).

It has been demonstrated that SST and other interventions similar to SST may reduce relapse and recidivism rates (as cited in Vaccaro, Liberman, Wallace & Blackwell, 1992). Benton and Schroeder (1990) reported based on meta-analytic study SST lead to noteworthy improvements in the social behaviour of patients with schizophrenia. In relation to Benton and Schroeder’s study, Liberman, Mueser, & Wallace (1986) conducted a study including patients with chronic schizophrenia in a state hospital. The SST program that was employed included problem-solving
strategies, and focused on sending, receiving, and processing skills. The results of the study showed that the SST was effective in increasing the participants’ ability to generalize skills they had learned when talking to strangers and decreasing symptom relapses and rehospitalisation. Bellack, Turner, Hersen, and Luber (1984) conducted a study involving patients with chronic schizophrenia. It was discovered that SST in comparison to task oriented discussion showed significantly greater results at post-test measures, role-play tests and self-report measures. In addition to these findings, it has also been discovered that SST may help to impact self-perception, assertion, and social anxiousness. When examining, the above-mentioned studies together, it is evident that SST is significantly more effective in improving social skills than no treatment implementation (Brabender & Fallon, 1993).

Research has demonstrated that PTSD clients have very prominent difficulties in emotion regulation and interpersonal functioning. A history of child sexual abuse is a particular risk factor among this population. According to field trials that were completed for the Diagnostic and Statistical Manual, fourth edition (DSM-IV), 91% of child abuse victims diagnosed with PTSD reported experiencing problems with sensitivity to criticism, inability to listen to others’ opinions, assertiveness deficits, and a tendency to abandon jobs and relationships. When compared to women who do not have a history of child abuse, women who did experience child abuse reported difficulties in interpersonal functioning such as decreased satisfaction with casual and marital relationships, difficulties with participating in parental activities, problems in functioning at work, increased social isolation, and poorer social adjustment (Cloitre, Koehen, Cohen & Han, 2002).

Selecting the skills that will be identified as target behaviours is a critical aspect of any behavioural intervention (Hughes, 1986). It is vital to choose skills that are clearly lacking in the individual’s cognitive and behaviour repertoire. Determining the skills that are needed in order to improve the trainee’s social skill level can be achieved through pre-assessment data collection (Hughes, 1986). In a study conducted by Goldsmith and McFall (1975) it was determined that the SST program they designed was successful as it included training procedures that enabled each client involved in the program to participate in all assessment and training procedures (as cited in Finch & Wallace, 1977). These authors were able to individualize their SST program by considering the specific behavioural problems of “the psychotic inpatient” (p.89) environment when developing and implementing their assessment and training techniques.

Social competence, which can be defined as “reflecting overall adequacy of social skills,” is often used interchangeably with the term social skills (Hughes, 1986, p. 235). Therefore, gaining social competence is a goal of most treatment programs for the seriously mentally ill (Bellack, et al., 1990). It would appear that achieving social competence would contribute to gaining a network of socially supportive people and could help a mentally ill person deal more effectively with the general pressures of their community and decrease the likelihood of psychiatric relapse.

**Independent Setting**

Social skills training can be delivered in either a group or individual format, depending on the needs of the clients and resources (Bellack et al., 2004). Individual treatment may also incorporate various therapeutic techniques, for example psychoeducation and stress management. Social skills training may be useful to a client who is experiencing reluctance to attend group treatment sessions. In these situations, individual treatment may help to prepare them for group sessions. However, when employing long-term individual treatment sessions, it is important to modify the usual treatment techniques in order to deliver a successful training
program. This may include having others join role play sessions and community outings in order to promote skill generalization.

**Conversational Skills Training**

Conversational skills training is a recent form of SST that involves modeling, verbal feedback, praise, and behavioural rehearsal to help increase the conversational skills in both developmentally disabled and mentally ill persons (Curran, Himadi & Donahue-Bennett, 1991). Enhancing conversational skills in a mentally ill person can assist in facilitating overall functioning when interacting with others. It has been noted that an important part of developing social competence is exhibiting an appropriate range of conversational skills. In earlier studies interactional behaviour interventions were employed, utilizing non-verbal and verbal training for various conversational behaviours in chronically hospitalized psychiatric patients. Curran et al. (1991) have suggested that the use of a conversational skills training packages can substantially increase the frequency of appropriate conversational behaviours in a severely mentally ill person.

These findings suggest that conversational skills training can be beneficial for chronically hospitalized inpatients. In addition to these findings, Rychtarik and Bornstein implemented a conversational skills training program for three developmentally disabled individuals (as cited in Bornstein et al. 1980). These researchers found that the program training resulted in increased eye contact, conversational questions, and conversational feedback.

**Modeling**

Modeling is a frequently used strategy to help clients understand and learn social skills (Brabender & Fallon, 1993). Modeling can be demonstrated in live portrayal or through videotaped modeling sessions. It is essential to choose models with appropriate characteristics to ensure maximum results. For example, Nelaon, Gibson, and Cutting in describing an intervention with a seven-year-old boy reported that modeling was most effective when it was done by non-developmentally delayed peers.

The use of modeling as a training procedure in SST has been shown to be effective in increasing rates of social interactions through outcome based measures. A study that was conducted by Gonso and Rasmussen (as cited in Gresham & Nagle, 1980) showed that a social skills training program that included modeling and coaching was effective in increasing behaviours of greetings, asking, and giving information. Similar studies have shown that modeling and coaching can be quite effective in improving conversational skills, the perception of another’s emotions, and role-taking ability.

**Behaviour Rehearsal/Role Playing**

Recent research (as cited in Tsang & Pearsons, 2001) has demonstrated the benefit of relating SST to specific situations that participant’s may encounter in everyday life. There has been an increasing need to tailor training to be generalized to other skills and various aspects of life, for example, family relationships, work settings, and friendships. Role plays can be used effectively to teach, assess, and generalize social skills. Regardless of the specific content, role plays are based on the idea that the rehearsed behaviours are representative of the behaviours in the natural environment (Bellack, 1979).

As a note of caution, Finch and Wallace (1979) reported that both the control group and treatment group significantly increased their eye contact and fluency of speech during role play.
scenarios through the use of an interpersonal skills training group. This would suggest that positive non-treatment effects such as therapist attention may play an important role in SST.

**Positive Reinforcement**

Positive reinforcement has been defined as “the act of identifying and encouraging behaviour with the hope that the desired behaviour will increase” (Sigler & Aamidor, 2005, p. 249). Researchers have used positive reinforcement procedures when attempting to improve the performance of employees (Wexley & Nemeroff, 1975). In addition, early efforts in social skill training have focused on the use of contingent reinforcement and punishment strategies (as cited in Hughes, 1986). If inappropriate behaviour is present, it can be changed by manipulating the reinforcement consequences of existing behaviour or by teaching new behaviours or skills to be used in place of the unsuitable ones. Praise is a form of positive reinforcement that is often used in SST and involves verbally reinforcing the client for positive behaviours (as cited in Kodak, Lerman, Volkert, Trosclair, 2007).

**Rationale for Current Study**

As the literature review presented, research supports the use and effectiveness of SST with clients who are lacking social skills essential to their daily living and interpersonal functioning. It is common for people who are experiencing mental illnesses and developmental delays to have lower social competence and social functioning, in comparison to those who do not have a mental illness or developmental delay. Conversational skills have been widely recognized as an important component of interpersonal competence. Therefore, the research has suggested that SST programs that focus on increasing conversational and interactional skills can be very useful in improving the social skill level of those with considerable deficits.

Much of the research that involves SST focuses on clients with mild to severe developmental delays, schizophrenia, and patients in a hospital setting. There is little research on the application of SST on those with the current participants’ specific mental health issues; however, there are general similarities in the target behaviours between the populations that are included in the literature and the participant in the current study. Therefore, it would be hypothesized that by using methods included in other successful SST programs, the current participant would have similar treatment outcomes.

Strategies demonstrated to be useful in the implementation of SST include modeling, positive reinforcement, and behaviour rehearsal. The current study focuses on increasing Mrs. S’ social skill level through the above-mentioned set of strategies. In order to individualize the treatment for the specific client in this study, the strategies that are normally used in SST have been modified to accommodate the participants’ individual needs and the individual formatting of the sessions. The SST program in the current study is focused on enhancing and modifying the existing social skills in Mrs. S’ repertoire to assist her in communicating and functioning in her day-to-day life. In addition to increasing Mrs. S’ daily functioning, a main goal of the current study is to help Mrs. S gain skills that will lower her risk for re-offending after her diversion program has been terminated.
Chapter III: Methodology

Participants and Setting

Mrs. S is a 42-year old woman who has been diagnosed with PTSD, FASD, and a mild developmental delay. Mrs. S’ history includes instances of shoplifting and abusing illicit substances. Mrs. S also has an excessive history of dysfunctional relationships with significant others, family, and friends, including a remote history of physical and sexual abuse perpetrated by several male relatives. She is currently living with her husband of 16 years. According to Mrs. S’ files, there has been a history of domestic abuse from both Mrs. S and her husband; however, the details of the incidents are unclear.

Mrs. S has worked with a case manager for three years. The case manager and Mrs. S have focused on skills necessary for daily functioning, including self-care skills, house cleaning, and shopping. She was also accepted into the agency’s court diversion program for a six-month period when she was charged with theft under five thousand dollars after she was caught with a stolen plant in her apartment. However, it is unclear if Mrs. S stole the plant herself or if a friend or family member stole the item for her. Mrs. S is also working with a local sexual abuse treatment center to help her cope with her history of sexual abuse that occurred when she was a child and later in her adult life. To successfully complete mental health diversion Mrs. S must follow a treatment undertaking that was designed for her by her court support worker. Included in Mrs. S’ treatment undertaking; Mrs. S must follow her court order, refuse gifts from others unless her spouse or case managers have approved it, attend all scheduled appointments with her case managers, and participate in any treatment programs that have been designed for her.

Due to her mental illness and developmental delay, Mrs. S has difficulty exhibiting prosocial behaviours that are necessary for social interactions and overall social competence. Both her court support worker and her case manager identified several behaviours as concerning, including over-assertive and passive social behaviours and an overall lack of social boundaries. Mrs. S’ case manager and court support worker are concerned about Mrs. S’ lack of social skills because she is often unable to refuse requests from people and finds herself receiving stolen items from others. Other behaviours identified by Mrs. S’ workers include excessive self-disclosure, exaggerating and fabricating details of conversations, and sexually promiscuous behaviours. Many of the inappropriate behaviours that Mrs. S exhibits have resulted in Mrs. S finding herself in situations that compromise her personal safety and her relationships with others. Mrs. S has described her social skill deficits as a direct result from her need to have friends and to feel loved and needed. She has also expressed a need to help others solve their problems by listening, providing advice, and sharing her own experiences.

The Behavioural Psychology standard informed consent letter was used to obtain both verbal and written agreement (Appendix A). The letter was explained in detail to Mrs. S in the initial meeting. Mrs. S was informed that her participation in the program is voluntary and that she may terminate her participation without penalty from the agency or the diversion program. In addition, the research study was approved by the Research Ethics Board (REB) at St. Lawrence College.

Design

An AB design was used in the implementation of the SST program. The baseline phase of the treatment program consisted of a pre-intervention assessment completed by Mrs. S, her case manager, and court support worker. The intervention stage of the treatment plan consisted of the
social skills training, which focused on the target behaviours of appropriate eye contact, social boundaries, self-assertion, introductions, self-disclosure, and skills involved in maintaining and ending conversations.

**Measures**

Baseline and outcome data for Mrs. S’ social skill level was obtained via a Social Skills Checklist (Appendix B) that was adapted from Social Skill Training for Schizophrenia (Bellack, Mueser, Gingerich, & Agresta, 2004). It was designed to reflect Mrs. S’ individual needs and target behaviours which were determined by observations made by Mrs. S’ court support worker and case manager. The checklist consists of six items recognized in the general literature as social skills components. Scores on the social skills measure utilized in the study represent the dependant variables in the study. The social skills training focused on specific components of social interactions. Eye contact is self-explanatory. Appropriate social distance was defined as “standing or sitting an arm’s length away”. Proper introductions were defined as “offering a greeting and providing name.” Appropriate disclosure of personal information was defined as “disclosing personal information when asked by the other person or when the topic is introduced.” Properly maintaining a conversation was defined as “asking questions of the other person, active listening, and replying to questions.” Lastly, self-assertion was defined as “expressing concerns and asking questions for clarification.”

Each item is scored on a four point Likert type scale, ranging from “not at all or rarely”, “some of the time”, and “often or most of the time”. The measure was distributed to Mrs. S, her case manager, and court support worker both pre- and post- treatment in order to determine the effectiveness of the SST program. It is important to note that none of the raters were "blind" to the intervention, which makes it impossible to rule out the effects of rater expectations or desire on the part of Mr. S to please the author.

**Procedures**

**Ethics Approval**

The author of the current study established a thesis proposal, which included a general outline of what would be expected and details of the exact procedures that would be implemented. This document was submitted to the St. Lawrence College Research Ethical Committee for Psychology (REC-P). Following approval from the REC-P, Mrs. S was approached in order to gain informed consent.

**Informed Consent**

During the initial meeting with the client, verbal and written consent to participate in the study was obtained. The consent form outlined the procedures of the study and the risks and benefits of participating. It further explained the right to confidentiality, the right to decline, and the right to withdraw at any time without penalty from the agency. The signed consent forms were then placed in a filing cabinet in a locked room within the agency and would remain there for seven years.

**Intervention Procedures**

A six-week program consisting of two 90-minute sessions a week was implemented. The training sessions were unstructured in format to promote a relaxing atmosphere for the client and help the client with issues and concerns as they arose. The sessions occurred in the clients’ home,
in the agency, and in the community in order to generalize the skills to Mrs. S’ natural environment.

The sessions focused on teaching Mrs. S the various skill components involved in each of the above-mentioned target behaviours (Appendix C), which were chosen based on the results from the pre-assessment measures, discussions with Mrs. S’ case manager and court support worker, and a file review. One session focusing on anger management was implemented into the program due to Mrs. S’ deficits in anger management skills and lack of ability to exhibit proper social skills when her anger level increased.

The program consisted of teaching new social skill components to Mrs. S through discussions, role-plays, modeling, and verbal praise. Social Skill Training sheets (Appendix D) which were adapted from Social Skill Training for Schizophrenia (Bellack, Mueser, Gingerich, & Agresta, 2004) were used in the implementation of the study to explain reasons why each skill is important and the steps involved in properly exhibiting each skill. In addition to the Social Skill Training sheets, self-monitoring forms (Appendix F), a behavioural contract (Appendix G), and goal tracking forms (Appendix I) were implemented to help motivate the client to participate in the treatment program.

**Discussions.** The discussions that took place in the sessions focused on identifying and defining each social skill component. The client and the author of the study would discuss Mrs. S’ ability to utilize the skills in her daily life and to give examples of inappropriate and appropriate ways she has demonstrated the skill in the past. The discussions were also used to help the author understand the amount of insight Mrs. S had into her social skill level.

**Role plays.** The role play scenarios occurred between the author of the study and Mrs. S. The scenarios were based on actual experiences Mrs. S has had in the past or situations she was encountering at the time of the study. Mrs. S would inform the author of a problem, conversation, or a situation that was dealt with inappropriately, the author and Mrs. S would then role play other ways the situation could have been dealt with by using proper social skill components.

**Modeling.** The modeling portion of the SST occurred prior to the role-plays. The author of the study would first review the steps of the skill using the Social Skill Training Sheets with Mrs. S and then exhibit the appropriate target behaviours and model appropriate skills that should be used in conversations and social interactions.

**Verbal Praise.** Verbal praise was offered to Mrs. S immediately after she successfully exhibited proper social skills during role-plays and discussions. Mrs. S was also given verbal praise when she informed the author of exhibiting appropriate social skills with others. Feedback was provided to Mrs. S after role plays, during discussions, and while reviewing the self-monitoring sheets in order to help her recognize how to improve and modify her social skills.
Chapter IV: Results

Results

After the Social Skill Checklist was completed by all raters both pre-and-post treatment, the data was analyzed using descriptive statistics to compute the mean and standard deviation of the scores. Inferential statistics were not used in this study due to the small sample size. The raw scores across raters and for each target behaviour from pre-and-post-test are displayed in Appendix H. Some data are missing in the post-test assessment, based on the case manager’s inability to score Mrs. S on “properly introducing herself” because there was not an opportunity to observe the behaviour. Therefore, the “introduction” scores are based on fewer observations than the remaining variables.

It would appear that there was an acceptable level of agreement between raters both at pre-test (Table 1), and post-test (Table 2). In addition, it would appear that Mrs. S had a realistic perception of her own skill level based on the similarity of scores between her self-rating and those of the case managers and court support workers.

Table 1
Summary Statistics for Pre-Assessment Data across Raters

<table>
<thead>
<tr>
<th></th>
<th>Case Manager</th>
<th>Court Support</th>
<th>Self-Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>1.83</td>
<td>1.83</td>
<td>1.66</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>.983</td>
<td>.986</td>
<td>.816</td>
</tr>
</tbody>
</table>

Table 2
Summary Statistics for Post-Assessment Data across Raters

<table>
<thead>
<tr>
<th></th>
<th>Case Manager</th>
<th>Court Support</th>
<th>Self-Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.8</td>
<td>2.16</td>
<td>2.16</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>.447</td>
<td>.408</td>
<td>.752</td>
</tr>
</tbody>
</table>

Mrs. S’ scores on the eye contact, physical distance, self-disclosure, properly maintain a conversation, and self-assertion items increased after the intervention was implemented. Ratings on the “introduction” item on the other hand appeared to decrease slightly. This may be due to the fact that upon examination, Mrs. S’ ability in this skill area was at a relatively high level prior to the intervention phase (Appendix H).

The graph displayed in Figure 1 displays the mean scores across all raters during pre-and-post interventions. The consistency of the results across raters and target behaviours strongly suggest that the results are valid and that Mrs. S’ overall social skill level increased from pre-test to post-test.

Observations made by Mr. S’ case worker and court support worker indicated a noticeable change in Mr. S’ social skill level. During sessions with her case worker, Mr. S was successful in exhibiting behaviours, such as assertiveness, self-disclosure, and physical distance.
Figure 1: Pre-and-Post Treatment for Mrs. S’ Social Skill Level

*Item numbers represent the six target behaviours of eye contact, physical distance, introductions, self-disclosure, maintaining conversations and self-assertion respectively.*
Chapter V: Discussion

Summary

After comparison of the baseline and treatment results it was found that Mrs. S’ social skill level increased after the implementation of the treatment program. The client was able to increase in all areas that she was being assessed in, with exception of the skill of “introductions”.

This may have been due to the high pre-treatment score that Mr. S received on the skill of “introductions”, the lack of opportunity to observe Mrs. S demonstrating this behaviour at post-treatment, and during baseline the target behaviours chosen for Mrs. S were based on external recommendations made by her case workers. Therefore, the behaviours of introductions, ending and maintaining conversations appeared to be unnecessary after meeting with Mrs. S. and during the implementation of the program the focus of the training was on the other target behaviours, as they seemed more essential to treatment. This modification to the program could have contributed to the lower scores from pre-test to post-test for the above-mentioned target behaviours.

The results suggest that the intervention enhanced Mrs. S’ performance on five of the six measured skills. However, there may have been external factors contributing to the success of the program. Mrs. S was attending weekly appointments with her case manager which focused on social skill components related to the skills training. Mrs. S was also attended two other group based treatments programs in the community. Both of these factors could have assisted in reinforcing the information that was being provided during the program.

Maintenance and Generalization

All the material that was used in each session was made available to Mrs. S’ caseworkers in order to continue treatment after the program was terminated. Mrs. S was referred to a Shoplifting and Fraud workshop at a local agency in order to continue working through her issues with theft.

Strengths and Limitations

Strengths. The strengths of the study were that validated techniques from the literature were employed. The dependent measures were derived directly from behavioural observations about her needs. The program had both standardized and flexible components.

Limitations. The study was completed with a participant with unique characteristics and needs, for this reason its generalizability is difficult to estimate. However given that standard social skills training techniques were employed it can be hoped that this program may be readily adaptable to other clients.

Multi-level Challenges

Client Level. Mrs. S was able to demonstrate adequate insight during most sessions; however, she was unable to generalize the skills to her actual experiences and circumstances. She often had difficulty focusing on the material of her programming because of daily stresses and crises. The client had a history of fabricating and being dishonest when speaking about issues she was having at home, with family, and friends. This often made it difficult to assess if she was using the skills taught during the program in her daily life.
Program Level. The challenges present at the program level included the lack of time to complete a lesson plan during treatment. The client was often late to sessions and due to room scheduling conflicts there was not an opportunity to extend sessions. This issue often resulted in material not being covered during the sessions and potentially comprising the results of the study.

Organizational Level. Mrs. S has been actively involved in several programs offered in the community and was seeing a case manager within the agency regularly. When a client is participating in many different treatment programs it is difficult to ensure that the client is receiving consistent information across all settings.

Societal Level. Working with adults with serious mental illnesses in the justice system can pose many societal challenges. Many community members believe that people who have committed crimes need to experience consequences for their actions and crimes, including jail time rather than treatment. It can be difficult to avoid the stigma attached to helping those with mental illnesses especially when they are involved with the law.

Implication for the Behavioural Psychology Field
Increasing Mrs. S’ social skills may help to increase and improve her social interactions with staff members at the agency and with other people she may socialize with in her day-to-day life and also prevent from future reoffending. In addition, the use of SST will help contribute to the field of Behavioural Psychology by furthering the research on SST training for persons with mental illnesses. This project will also contribute to research on SST in an individual format since there is little research available on skills training occurring one-on-one with a client.

Recommendations for Future Research
Although follow-up data could not be collected due to time constraints, it would be recommended that follow-up be obtained at three and six months post-intervention to assess the degree to which the client's gains are maintained. It would also be recommended that the skills program be implemented on its own, without the participant attending any other programs in order to ensure that the SST program was effective in increasing the pro-social behaviours. In order to increase skill generalization, the program could be offered in a small group setting with clients who have similar behaviours and diagnoses. Since there were various time constraints limiting the treatment, future research should include more sessions across a longer length of time to ensure that all the necessary material is covered in detail. Lastly, future research should include more extensive assessment tools to ensure that all target behaviours are being examined properly.
References


Appendix A: Consent Form

Title: Using Social Skills Training to Increase the Conversational Skills in a 42-Year Old Woman with a Serious Mental Illness and Developmental Delay

Student: Jessica Mommertz

jmommertz28@student.sl.on.ca

College Supervisor: Dave Villeneuve

Villeneuve.Dave@csc-scc.gc.ca

Invitation
I am a student in my 4th year in the Behavioural Psychology at St. Lawrence College and I am currently on placement at Frontenac Community Mental Health Services. As a part of this placement, I am completing a special project called an applied thesis and am asking for your assistance to complete this project. The information in this form is intended to help you understand my project so that you can decide whether or not you want to participate. Please read the information below carefully and ask all the questions you might have before deciding whether to participate.

What is the purpose of the study?
The purpose of this study is to use social skills training to help improve your social skills in the various aspects of social contact.

What will you need to do if you take part?
In order to participate in the study you will be asked to meet with me twice a week for a six-week period for approximately 90 minutes. You will also be asked to complete a self-report survey at the beginning of the study and the end of the study based on your knowledge of your social skills. Each session will include information, activities, and role-plays based on the
different skills we will be working on. There may be sessions that involve community outings and other agency members for the role-play scenarios.

**WHAT ARE THE POTENTIAL BENEFITS TO ME OF TAKING PART?**

The benefits of the study include helping to improve your social skills when interacting with others, however the benefits of participating in the study are not guaranteed.

**WHAT ARE THE POTENTIAL BENEFITS TO OTHERS OF TAKING PART?**

By participating in this study, you will be helping to improve your social skills, which can help positively impact your relationships and social experiences with others.

**WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?**

The program will require some effort on your part to have a chance of success. The program may not result in the expected behavioural changes for reasons beyond the control of you or the program deliverer.

**WHAT HAPPENS IF SOMETHING GOES WRONG?**

If at any time you feel that you no longer want to participate in the study, you are able to withdraw at any time without penalty from the agency.

**WILL MY TAKING PART IN THIS PROJECT BE KEPT PRIVATE?**

All information given for the purpose of this study will be kept private in a locked filing cabinet in the agency for seven years. All identifying information will be kept private and you will remain anonymous in the study. The only people who will have access to the information are your caseworker, your court support worker, my supervisor, and myself. All identifying information will be omitted from any form of presentation of the study or results.

**DO YOU HAVE TO TAKE PART?**

It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part, you are still free to withdraw at any time, without giving any reason, and without incurring any penalty.
CONTACT FOR FURTHER INFORMATION.

This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Dave Villeneuve my supervisor from St. Lawrence College. I really appreciate your cooperation. If you have any additional questions or concerns, feel free to ask me, Jessica Mommertz, or you can contact my College Supervisor, Dave Villeneuve, you may also contact the Research Ethics Board at appliedresearch@sl.on.ca.

CONSENT

If you agree to participate in the project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency and in a secure location with the Research Ethics Board at St. Lawrence College.
CONSENT

By signing this form, I agree that:

- The study has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions about the study.
- I have been told that my personal information will be kept confidential.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.

I hereby consent to participate.

Mrs.S/Parent/Guardian Printed Name: ____________________________

Age of Mrs.S (If Under 18): _____________

Signature: _______________________________ Date: ________

SLC Student Signature: ____________________ Date: ________

Printed Name: ____________________________
Appendix B: Social Skills Checklist

Social Skills Checklist

Clients Name: ___________________________________  Date: ___________________________

Completed by: ________________________________  ________________________________

Circle Rating Period: Initial               Final

Directions: Complete this checklist to provide an assessment of the person’s social behaviour and functioning. For some behaviour’s it may be necessary to ask for additional information from others who have more frequent contact with the person and are aware of a wide variety of his or her interactions and activities. When possible, the same clinician should complete this form at each rating period.

Rating Scale:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Data not Available</td>
<td>Not at all or rarely</td>
<td>Some of the time</td>
<td>Often or most of the time</td>
</tr>
</tbody>
</table>

Social Skill

<table>
<thead>
<tr>
<th>Social Skill</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes eye contact with other person (people) they are having a conversation with</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains appropriate physical distance (approx. arms distance away)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduces themselves properly (includes greeting and providing name)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disclosing appropriate amount of personal information (when asked by the other person or when topic is introduced)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains a conversations (asking questions to the other person, active listening, replying to questions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaks up for self assertively and politely (expresses concerns to people, asks questions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Adapted from *Social Skills Training for Schizophrenia* (2nd Ed.) by Alan Bellack, Kim T. Mueser, Susan Gingrich, and Julie Agresta.
Appendix C: Session Outline

<table>
<thead>
<tr>
<th>SESSION</th>
<th>TOPIC</th>
<th>AGENDA</th>
<th>MATERIALS</th>
</tr>
</thead>
</table>
| 1       | Introduction to Social Skills | Sign consent form  
Discussion: Introduce what social skills are and why having proper social skills are important.  
Discuss target behaviours  
Complete Goal Tracking Form  
Complete Behavioural Contract | Consent Form  
Goal Tracking Form  
Behavioural Contract |
| 2       | Introductions               | ✓ Recap last session  
Introducing Yourself to a New or Unfamiliar Person  
Discussion: What is an introduction? Why are introductions important?  
Steps of Introducing Yourself to a New or Unfamiliar Person  
Role-Play: scenario based on clients experiences  
Discussion: what was positive about role-play? What could have been changed?  
Starting a Conversation with a New or Unfamiliar Person steps  
Discussion: why is this skill important?  
Steps of Starting a Conversation with a New or Unfamiliar Person  
Role-Play: scenario based on clients experiences | Skills Training Sheets  
✓ Starting a Conversation with a New or Unfamiliar Person  
✓ Introducing Yourself to a New or Unfamiliar Person  
Goal Setting Form (SMART) |
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion: what was positive about role-play? What could have been changed?</td>
<td><strong>Goal Setting</strong></td>
<td>ü Develop goal for next session</td>
</tr>
</tbody>
</table>
| 3 | Expressing Feelings | ü Recap last session  
|   |   | ü Review Goals  
|   | Expressing Unpleasant Feelings |   |
| Discussion: why is this skill important? |   |   |
| Steps for Expressing Unpleasant Feelings |   |   |
| Discussion: what was positive about role-play? What could have been changed? |   |   |
| Expressing Angry Feelings |   |   |
| Discussion: why is this skill important? Steps for Expressing Unpleasant Feelings |   |   |
| Role-Play: use example from clients social interactions |   |   |
| Discussion: what was positive about role-play? What could have been changed? |   |   |
| **Goal Setting** |   | ü Develop goal for next session |
| 4 | Anger Management | Recap last session  
|   |   | Review Goals  
|   | Anger Management |   |
| Discussion: what is anger? How does |   |   |

Skills Training Sheets:  
ü Expressing Unpleasant Feelings  
ü Expressing Angry Feelings  
Goal Setting Form (SMART)
<table>
<thead>
<tr>
<th>#</th>
<th>Activity</th>
<th>Recap/Review/Goal Setting</th>
<th>Homework/Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Assertiveness</td>
<td>Recap last session</td>
<td>Set goals for next session</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review Goals</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assertiveness:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Discussion:</em> What does assertive, aggressive and passive mean? Provide a definition of each and the different types of assertions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Role-play:</em> use example from client based refusing a request</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Discussion:</em> what was positive about role-play? What could have been changed?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Community Outing</td>
<td>Go to local peer drop-in centre with client to observe social skills taught thus far.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Go over self-monitoring forms with</td>
<td></td>
</tr>
</tbody>
</table>
| 7 | Assertiveness | Recap Session 5 with client  
Review Assertion Diaries  

Discussion: what is this skill important? Review steps involved in refusing requests and saying ‘no’  
Role-play: use example from clients social interactions  
Discussion: what was positive about role-play? What could have been changed?  
Goal Setting  
✓ Set goals for next session  
Homework  
✓ Assertion Diaries | Assertion Diaries  
Skills Training Sheets:  
✓ Refusing Request  
Goal Setting Form (SMART) |
|---|---|---|
| 8 | Personal Space and Boundaries | Recap last session  
Review Assertion Diaries and Goals  
Discussion: why is maintaining personal space and boundaries important? Provide example of inappropriate and appropriate personal space and boundaries. Discuss the different types of personal space and boundaries depending on relationship with the other person  
Role-play: Appropriate physical social distance. | Skills Training Sheets:  
✓ Maintaining Personal Space  
Goal Setting Form (SMART) |
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review steps involved in personal space and boundaries</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Goal Setting:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Set Goals for next session</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Self-Disclosure</td>
<td>Recap last session</td>
</tr>
<tr>
<td></td>
<td>Review Goals and Assertion Diaries</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Discussion:</em> what is self-disclosure? Why is this skill important? Different types of self-disclosure based on relationships.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Steps in Disclosing Personal Information</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Role-Play:</em> scenario based on disclosing too much personal information to a stranger.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Discussion:</em> why might this be inappropriate?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Role-play:</em> scenario based on disclosing appropriate amount of self-disclosure.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Discussion:</em> what was positive about role-play?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Goal Setting:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Set goals for next session</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Maintaining a Conversation</td>
<td>Recap last session</td>
</tr>
<tr>
<td></td>
<td>Review Goals and Assertion Diaries</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Asking Questions:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Discussion:</em> why is this skill important?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skills Training Sheets:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Asking questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Giving Factual Information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Goal Setting Form (SMART)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td><strong>Role-play</strong>: inappropriate and appropriate questions to ask an acquaintance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Discussion</strong>: what was positive/negative about role-play? Discuss ‘real life’ examples.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Steps in Asking Questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Giving Factual Information</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Discussion</strong>: define what factual information is. Why is this skill important?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discuss what too much factual information looks like (session 9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Role-play</strong>: scenario based on experience client had recently or may encounter in the future.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Goal Setting</strong>: ✓ Develop goals for next session</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Ending a Conversation</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recap last session</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review Goals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussion: why is this an important skill? What are the different skill components involved?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Leaving a Stressful Situation</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Discussion</strong>: why is this important?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Role-play</strong>: role-play a scenario where client has had a</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Skills Training Sheets</strong>: ✓ Leaving a Stressful Situation ✓ Ending Conversations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>confrontation with another person</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussion: what was positive/negative about role-play? What could have been changed?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Ending Conversation</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Discussion</em>: Steps involved in ending a conversation</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Role-play</em>: use example from clients’ daily life and role-play how to end a conversation with an acquaintance or friend.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Discussion</em>: what was positive about role-play? What could have been changed.</td>
<td></td>
</tr>
</tbody>
</table>
| 12 | **Community Outing** | ✓ Go to local peer drop-in centre with client to observe social skills  
✓ Goal Setting for future success |
Appendix D: Skills Training Sheets

**SKILL: INTRODUCING YOURSELF**

**Why:**

When meeting someone that you do not know it is important to introduce yourself so the other person knows your name. Introducing yourself also helps to “break the ice” in a conversation.

**Steps:**

1. Look at the person and make eye contact in order to get their attention
2. Use a pleasant and friendly voice
3. Offer a greeting, for example, “Hi, my name is Jane Smith.”
4. Shake their hand and say “It’s nice to meet you”
5. When you leave, you can say, “It was nice meeting you”

**Role-Play:**

- You are sitting next to someone at group.
- You are meeting your new case manager for the first time.

**Tips:**

- After introducing yourself you may need to ask the other person their name.
- In order to remember their name better you can try repeating it back to them right after meeting them, for example, “Sarah, it’s so nice to meet you”

* Adapted from *Social Skills Training for Schizophrenia* (2nd Ed.) by Alan Bellack, Kim T. Mueser, Susan Gingrich, and Julie Agresta.
SKILL: STARTING A CONVERSATION WITH A NEW OR UNFAMILIAR PERSON

Why:

There may be situations in which you want to start a conversation with another person. This may be someone you don’t know well or someone you have never met but would like to get to know. Sometimes people feel shy about starting a new conversation with someone they do not know.

Steps:

1. Choose the right time and place
   a. Sitting the waiting room of your doctor’s office.
   b. In the Laundromat waiting for your clothes to dry.
   c. Standing next to someone in a line at the grocery store.

2. Look at the person and make eye contact. If you don’t know the person, introduce yourself or if you do know them say “hi” or “hello”

3. Choose a topic that you would like to discuss or ask them a question, for example, “Did you see the season finale of Lost last night?”, “How long have you been coming to this gym?”

4. Judge whether the other person is listening or wants to talk.
   a. They are looking at you.
   b. Their body is facing yours
   c. They are encouraging you to continue by saying things like “uh-huh”, “I see”, “go on”

Role-Plays:

• You are at a family gathering and there is someone there you don’t know.
• You are waiting in the lobby of your doctor’s office.
• You are meeting a new case worker.

* Adapted from Social Skills Training for Schizophrenia (2nd Ed.) by Alan Bellack, Kim T. Mueser, Susan Gingrich, and Julie Agresta.
SKILL: EXPRESSING UNPLEASANT FEELINGS

Why:

Even when people do their best to please each other, there will be times when things are upsetting or unpleasant. It is only natural in the course of living with others or going to programs with others that unpleasant feelings arise. Examples of unpleasant feelings are anger, sadness, anxiety, concern, and worry. How people express their feelings can help to prevent arguments and more bad feelings.

Steps:

1. Look at the person and make eye contact.
2. Speak calmly and firmly.
3. Say exactly what the other person did to upset you.
4. Tell them how it made you feel, for example. “When you yelled at me last night, it really made me upset.”
5. Suggest how this person can prevent this from happening in the future, for example, “Next time you are mad at me for not doing the dishes, can you talk to me about it first.”

Role-Plays:

- Your Case Manager missed and appointment with you
- Your friend was late meeting you for lunch
- Your husband didn’t do the dishes

* Adapted from Social Skills Training for Schizophrenia (2nd Ed.) by Alan Bellack, Kim T. Mueser, Susan Gingrich, and Julie Agresta.
SKILLS: EXPRESSING ANGRY FEELINGS

Why:

A Type of feeling that many people have special difficulty with is expressing anger. At times everyone gets angry. This does not have to lead to shouting or hitting or cutting off friendships or relationships. It is usually helpful to relieve feelings of anger by expressing yourself in a direct, honest way. Sometimes, you might want to wait until you have “cooled off” a little and are feeling calm.

Steps:

1. Look at the person and make eye contact
2. Speak firmly and calmly
3. Tell the person exactly what he or she did that made you feel angry, for example, “When you lied to me about going to the movies, you made me feel angry and upset”
4. Tell the person how you feel, for example, “I feel angry because you didn’t invite me to go to the movies with you”
5. Suggest how the person may prevent this from happening in the future, for example, “It would really help me if you told the truth next time about going to the movies”

Role-Plays:

- Your husband yells at you for not listening to him.
- Your friend calls you after you asked her not to
- Your case worker had to cancel a meeting

Tips:

- Sometimes when you are angry it is helpful to count to 10 and breathe slowly
- If you feel that you are getting more angry and can’t control your feelings, you may want to leave the room and “cool down”

* Adapted from Social Skills Training for Schizophrenia (2nd Ed.) by Alan Bellack, Kim T. Mueser, Susan Gingrich, and Julie Agresta.
SKILL: REFUSING REQUESTS

Why:

We can’t always do what other people want us to do. We may be too busy, may not feel capable, or may believe what is being asked is unreasonable. If we refuse in a rude or gruff manner, it can make for hurt feelings or anger. Yet if we are not clear about refusing or if we are hesitant in refusing, it may lead to a disagreement or misunderstanding.

Steps:

1. Look at the person and make eye contact with them
2. Speak firmly and calmly
3. Tell the person you cannot do what they have asked, for example, “I’m sorry but I cannot watch your dog while you are on vacation.”
4. Give a reason if necessary, for example, “I can’t watch your dog while you are on vacation because I will be going away that weekend too.”

Role Plays:

- Your case manager asks to meet you at 3:00 pm but you have a doctor’s appointment at that time.
- Your friend asks you to lend her money, but you don’t want to.
- You friend asks you to hold onto her gold necklace, but you do not feel comfortable doing so because it is expensive.

Tips:

- Let the person asking a request from you know that you can’t fulfil the request as soon as possible
- Know that you do not need to explain yourself, if you do not want to.

* Adapted from Social Skills Training for Schizophrenia (2nd Ed.) by Alan Bellack, Kim T. Mueser, Susan Gingrich, and Julie Agresta.
SKILL: MAINTAINING PERSONAL SPACE

Why:

Personal space is an important factor when interacting with others. Some people feel uncomfortable when they feel someone is intruding in their personal space; others feel comfortable having close contact with others. Personal space depends on how well you know the person you are interacting with and what the nature of that relationship is.

Steps:

1. After greeting someone with a hug or a handshake, step back so you are an arm’s length away from the person you are talking to.
2. If you need to get closer to someone because of a crowded room or noise make sure to keep your hands to yourself and step back when it is appropriate to.
3. Judge whether the person you are talking to is comfortable with space between you.

Role-Plays:

- You are talking to an acquaintance on the street
- You are talking about something personal with a friend
- A stranger started talking to you in the lobby of your apartment building

Tips:

- If the person you are talking to steps back or tries to move away from you, they could be uncomfortable how close you are to them.
- If you plan on having close contact to someone, ensure that you have followed appropriate personal hygiene rituals.

* Adapted from Social Skills Training for Schizophrenia (2nd Ed.) by Alan Bellack, Kim T. Mueser, Susan Gingrich, and Julie Agresta.
SKILLS: SHARING PERSONAL EXPERIENCES

Why:

This is an important skill to learn because some people are unaware of the appropriate amount of personal experiences to share with another person. Many times this depends on how long you have known the person and how well you know this person. Other factors that depend on sharing personal experiences depends on what the context of the conversation and the location the conversation is occurring in.

Steps:

1. Decide if you should share personal experiences with another person
   a. Is this a person you feel comfortable with?
   b. Is this a person you know well?
   c. Is this a person that you have known for a long time?
   d. Are you in location that is appropriate for disclosing personal experiences?
2. Determine whether that person appears comfortable with that you are telling him or her
   a. Are they looking at you?
   b. Are they facing you?
   c. Are they asking you questions and encouraging you to go on by saying things like “uh-huh”, “go on” and “I see”
3. Share experiences that you feel comfortable with and are appropriate for another person to know.

Role Play:

- You are having lunch with a friend
- You are meeting with your case worker
- You meet someone while waiting for the bus

Tips:
• If you do not know the person very well, it may not be appropriate to discuss your family history or traumatic events
• You shouldn’t discuss confidential information with people in public places where others may overhear
• If you what you told the other person is confidential, make sure he or she knows that.

* Adapted from Social Skills Training for Schizophrenia (2nd Ed.) by Alan Bellack, Kim T. Mueser, Susan Gingrich, and Julie Agresta.
SKILL: MAINTAINING A CONVERSATION BY ASKING QUESTIONS

Why:
Sometimes you may want to go further than a brief conversation; you may want to talk longer because you like the person or you are interested in what they are saying. Often people do not know how to keep a conversation going or they feel uncomfortable. One way to keep a conversation going is by asking questions.

Steps:
1. Look at the other person and make eye contact.
2. Greet them by saying “hello” or “hi” and introducing yourself if you have not met them before.
3. Ask the other person a question about something you would like to know, for example, “did you see the football game on Sunday?” and “how do you like working at Tim Horton’s?”
4. Judge whether the person is listening and is interested in pursuing the conversation.
   a. Are they looking at you
   b. Are they making eye contact
   c. Are they answering your questions

Role Plays:
• You are having coffee with a friend after not seeing them for sometime
• Speaking to your case manager about programs and resources

Tips:
• When asking questions, you can ask either open-ended or close-ended questions.
  o OPEN-ENDED questions are questions that gather more information than simple “yes” or “no” responses.
CLOSE-ENDED questions are questions that only warrant a “yes” or “no” answers. Since these questions are fact based, it is harder to maintain a conversation when you ask these types of questions.

* Adapted from Social Skills Training for Schizophrenia (2nd Ed.) by Alan Bellack, Kim T. Mueser, Susan Gingrich, and Julie Agresta.
SKILL: MAINTAINING A CONVERSATION BY GIVING FACTUAL INFORMATION

Why:

Asking questions is one way to keep a conversation going. Another way is to give factual information to the other person. This allows people to learn more about each other and the kinds of things they may have in common. Factual information tells someone the who, what, where, when, and why.

Steps:

1. Look at the person and make eye contact
2. Greet them by saying “hi” or “hello”
3. Share information about a topic that you would like to talk about, for example, “Last night I went that new restaurant on Princess Street, it was really good.”
4. Judge whether the person is listening and interested in pursuing a conversation.

Role Play:

- Telling a friend something interesting, you heard on the news.
- Telling your husband how your meeting went with your case manager.

Tips:

- In order to judge if someone is listening look at their body language and eye contact with you
- Try to keep factual information close to the topics already being discussed.

* Adapted from Social Skills Training for Schizophrenia (2nd Ed.) by Alan Bellack, Kim T. Mueser, Susan Gingrich, and Julie Agresta.
SKILL: LEAVING STRESSFUL SITUATIONS

Why:

There are times when we find ourselves in situations that we consider stressful. For instance, when others criticize us or when we do something that another does not like. Often, remaining in situations that are stressful only makes us feel worse and at times may even aggravate the situation. It often happens that leaving until you have calmed down and then dealing with it afterward is the most productive way of managing a stressful situation.

Steps of the Skill:

1. Determine whether the situation is stressful by tuning into your thoughts, feelings, physical sensations
2. Tell the other person that the situation is stressful and that you must leave
3. If there is conflict, tell the person that you will discuss it with him or her at another time
4. Leave the situation

Role-Play:

- Someone has falsely accused you of stealing $10.00
- Your wife is angry because you forgot to go to the grocery store
- A group of people are fighting

Tips:

- If there continues to be conflict even after you have left the stressful situation, you may want to not partake in those situations in the future.

* Adapted from Social Skills Training for Schizophrenia (2nd Ed.) by Alan Bellack, Kim T. Mueser, Susan Gingrich, and Julie Agresta.
SKILL: ENDING A CONVERSATION

Why:

Conversations don’t go on forever. Sooner or later someone must end the conversation and many times it may be up to you to do so. There are many reasons for ending conversations, for example, running out of time, running out of things to say and needing to go somewhere else.

Steps:

1. Wait until the other person has stopped talking
2. Use a non-verbal gesture such as glancing away or looking at your watch
3. Make a closing statement such as “Well I must be going now”
4. Say goodbye and you can arrange for another visit

Role Play:

- Ending a session with your case manager
- Talking with someone in the laundry room, then your laundry is done
- Talking with someone in the lobby of your doctor’s office before your appointment

Tips:

- If you know you are in a rush or may need to leave soon, try not to start conversations that will take a long time to finish.

* Adapted from Social Skills Training for Schizophrenia (2nd Ed.) by Alan Bellack, Kim T. Mueser, Susan Gingrich, and Julie Agresta.
Appendix E: Self-Monitoring Forms

**ASSERTION DIARY**

<table>
<thead>
<tr>
<th>Opportunity to be Assertive</th>
<th>My response</th>
<th>Feelings as a result of response</th>
<th>Was I satisfied with my response</th>
<th>Other possible assertive responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ Somewhat □ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ Somewhat □ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ Somewhat □ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ Somewhat □ No</td>
</tr>
</tbody>
</table>

* Adapted from Wellness Reproductions Inc. 1991
SMART Goal Worksheet

Today's Date: ____________ Target Date: ____________ Start Date: ____________

Date Achieved: ____________

Goal: ____________________________

Verify that your goal is SMART

Specific: What exactly will you accomplish?
________________________________________________________________________
________________________________________________________________________

Measurable: How will you know when you have reached this goal?
________________________________________________________________________
________________________________________________________________________

Achievable: Is achieving this goal realistic with effort and commitment? Have you the resources to achieve this goal? If not, how will you get them?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Relevant: Why is this goal significant to your life?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Timely: When will this goal be achieved?
________________________________________________________________________
________________________________________________________________________

©2008 OfficeArrow.com
Appendix F: Behavioural Contract

Behavioural Contract

Date: ___________ to _____________

For the coming 6 weeks, I _________________, agree to the following tasks:

✓ _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

✓ _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

✓ _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

In return, I Jessica Mommertz, agree to the following tasks:

✓ _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

✓ _______________________________________________________________________
   _______________________________________________________________________

Signed: ___________________________________  __________________________________

Adapted from: Behaviour Modification
Appendix G: Goal Tracking Form

Goal Tracking Form

Name: ___________________________                             Date: ___________________

Circle Rating Period:       Initial       3 Weeks       Final

The following is a list of goals that you can set before or while participating in social skills
training. On a scale of 1 to 5 rate how close you are to achieving each goal.

Rating Scale:

1= No Progress
2= A little progress
3= Moderate Progress
4= Very close to achieving this goal
5= Goal has been achieved

<table>
<thead>
<tr>
<th>Goal</th>
<th>Progress</th>
<th>How to improve</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Adapted from Social Skills Training for Schizophrenia (2nd Ed.) by Alan Bellack, Kim T. Mueser, Susan Gingrich, and Julie Agresta.
Appendix H: Raw Data for Pre-and-Post Test Measures

**Pre-Assessment**

<table>
<thead>
<tr>
<th>Item</th>
<th>Case Manager</th>
<th>Court Support</th>
<th>Self-Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Eye Contact</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2. Appropriate Social Distance</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Introduces themselves properly</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4. Discloses appropriate personal information</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5. Maintains a conversation</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. Assertiveness</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Post-Assessment**

<table>
<thead>
<tr>
<th>Item</th>
<th>Case Manager</th>
<th>Court Support</th>
<th>Self-Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Eye Contact</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2. Appropriate Social Distance</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3. Introduces themselves properly</td>
<td>*</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Discloses appropriate personal information</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. Maintains a conversation</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>6. Assertiveness</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

* *missing data*